## Anguianos Ready Mix LLC

## **Contractor Application**

| Applicant Information |                              |                  |          |           |          |                  |                     |    |
|-----------------------|------------------------------|------------------|----------|-----------|----------|------------------|---------------------|----|
| Full Name:            |                              |                  |          |           |          |                  | Date:               |    |
|                       | Last                         | First            |          |           |          | M.I.             |                     |    |
| Address:              |                              |                  |          |           |          |                  |                     |    |
|                       | Street Address               |                  |          |           |          |                  | Apartment/Unit #    |    |
|                       | 0/4                          |                  |          |           |          | 0/-/-            | 7/0.0-1-            |    |
|                       | City                         |                  |          |           |          | State            | ZIP Code            |    |
| Phone:                |                              |                  | E        | mail      |          |                  |                     |    |
| Date Availab          | ble: S                       | ocial Security N | 0.:      |           |          | Desired          | Salary: <u>\$</u>   |    |
| Position App          | olied for:                   |                  |          |           |          |                  |                     |    |
| Are you a ci          | tizen of the United States?  |                  | 00       | If no, a  | re you a | authorized to wo | YES rk in the U.S.? | NO |
| Have you ev           | ver worked for this compan   | yes N<br>y? □ [  | □<br>10  | If yes, v | vhen?_   |                  |                     |    |
| Have you ev           | ver been convicted of a felo | YES N            | □<br>□   |           |          |                  |                     |    |
| If yes, expla         | in:                          |                  |          |           |          |                  |                     |    |
|                       |                              | E                | Educa    | ation     |          |                  |                     |    |
| High School           | l:                           | Add              | dress:_  |           |          |                  |                     |    |
| From:                 | To:                          | _ Did you grad   | uate?    | YES       | NO       | Diploma:         |                     |    |
| College:              |                              | Ado              | dress:   |           |          |                  |                     |    |
| From:                 | To:                          | _ Did you grad   | _        | YES       | NO       | Degree:          |                     |    |
| Other:                |                              | Ado              | dress: - |           |          |                  |                     |    |
| From:                 | To:                          | Did you grad     | uate?    | YES       | NO       | Degree:          |                     |    |
|                       |                              | R                | Refere   | nces      |          |                  |                     |    |
| Please list           | three professional referen   | ces.             |          |           |          |                  |                     |    |
| Full Name:            |                              |                  |          |           |          | Relations        | hip:                |    |

|                                   |                                 | Phone:           |
|-----------------------------------|---------------------------------|------------------|
| E. II Marana                      |                                 | Relationship:    |
| Company                           |                                 | Phone:           |
| Addraga                           |                                 |                  |
| Full Name:                        |                                 | Relationship:    |
| Company:                          |                                 | Phone:           |
| Address:                          |                                 |                  |
|                                   | Previous Employment             |                  |
| Company:                          |                                 | Phone:           |
| Address:                          |                                 | Supervisor:      |
| Job Title:                        | Starting Salary:\$              | Ending Salary:\$ |
| Responsibilities:                 |                                 |                  |
|                                   |                                 |                  |
| May we contact your previous supe | YES NO                          |                  |
|                                   |                                 |                  |
| Company:                          |                                 | Phone:           |
| Address:                          |                                 | Supervisor:      |
| Job Title:                        | Starting Salary:                | Ending Salary:   |
| Responsibilities:                 |                                 |                  |
| From: To:                         | Reason for Leaving:             |                  |
| May we contact your previous supe | YES NO Prvisor for a reference? |                  |
|                                   |                                 |                  |
| Company:                          |                                 | Phone:           |
| Address:                          |                                 | Supervisor:      |
| Job Title:                        | Starting Salary:                | Ending Salary:   |
| Responsibilities:                 |                                 |                  |
|                                   |                                 |                  |
| May we contact your previous supe | ervisor for a reference? YES NO | dz               |

| Mil   | itary Service   |                     |  |  |  |  |  |
|---|---|---------------------|--|--|--|--|--|
| Branch:   | From:   | To:                 |  |  |  |  |  |
| Rank at Discharge:  | Type of Discharge:  | Type of Discharge:  |  |  |  |  |  |
| If other than honorable, explain:   |   |                     |  |  |  |  |  |
| FOR DRIVING APP   | LICANTS ONLY (Experience)   |                     |  |  |  |  |  |
| Check equipment you have experience driving and provide years or experience   |   |                     |  |  |  |  |  |
| ☐ Mixer ☐ Bottom Dump ☐ Transfer Truck ☐ Pneumatic                            |   |                     |  |  |  |  |  |
| 2. Check Drivers License endorsements and class of license you currently hold |   |                     |  |  |  |  |  |
| □Class A □Class B □Tank □ Double  | s/Triples   Hazardous Materials   |                     |  |  |  |  |  |
| FOR DRIVING APPLI   | CANTS ONLY (Driving Record)   |                     |  |  |  |  |  |
| Accident Record (for past three (3) years (At                                 | ach sheet if more space is needed) if                                   | none, write "none". |  |  |  |  |  |
| Nature of Accident (Head-on, rear-end, upset, etc.)                           |   |                     |  |  |  |  |  |
| Dates   | (Fload off, Foat  |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
| Last Accident   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
| Next Previous   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
| Next Previous   |   |                     |  |  |  |  |  |
| Traffic convictions & Forfeitures (for page 2)                                | ast three (3) years, other than parking                                 | violations)         |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
| Eocation  | Date  | Charge              |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   | rmit or privilege to operate a motor velever been suspended or revoked? |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |
|   |   |                     |  |  |  |  |  |

## Disclaimer and Signature

I authorize investigations of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application may result in termination.

I agree to pre-employment drug screen and understand that Anguianos Ready Mix LLC must follow federal drug testing standards and requires a drug and alcohol -free workplace.

I authorize Anguianos Ready Mix LLC to investigate my driving record during the employment initiation process, and at any point during my employment.

I understand and acknowledge that Anguianos Ready Mix LLC is an "at will" employer, which means the employee or company can terminate my employment for any reason at any time, with or without notice or cause.

I certify that my answers are true and complete to the best of my knowledge.

| Signature: | Date: |  |
|------------|-------|--|
|            |       |  |

\*\*Please email your completed application to handareadymix17@gmail.com